

FILED

DEC 09 2013

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF TENNESSEE
AT KNOXVILLE

Clerk, U. S. District Court
Eastern District of Tennessee
At Knoxville

ROBERT GLEASON

Name of plaintiff (s)

v.

FOOD CITY 654

SAM TURNER

BUCKY SLAGLE

Name of defendant (s)

Case No. 3:13-cv-712
(to be assigned by Clerk)

Collier/Guyton

COMPLAINT

1. A short and plain statement of the grounds for filing this case in federal court (include federal statutes and/or U.S. Constitutional provisions, if you know them):

AFTER BEING INJURED ON THE JOB, I WAS UNDER DR
RESTRICTIONS & FORCED TO WORK WITH THOSE RESTRICTIONS NOT BEING
HONORED BY FOOD CITY, & ITS MANAGER SAM TURNER. I WAS THEN FALSELY FIRED.

2. Plaintiff, ROBERT GLEASON resides at

213 WOODLAND TRACE DR, KNOXVILLE
street address city

KNOX, TN, 37934, 865-777-9747.
county state zip code telephone number

(if more than one plaintiff, provide the same information for each plaintiff below)

3. Defendant, Food City #654 lives at, or its business is located at
5075 CHARLES G SEVENS BLVD, CLINTON,
street address city
ANDERSON, TN, 37716.
county state zip code

(if more than one defendant, provide the same information for each defendant below)

SAM TURNER UNKNOWN

BUCKY SLAGLE UNKNOWN

4. Short and plain statement of your claim (state as briefly as possible the facts of your case and how each defendant is involved. You may use additional paper if necessary):

FOOD CITY WAS MY EMPLOYER WHEN I GOT HURT
SAM TURNER WAS THE STORE MANAGER WHO
DID NOT HONOR THE RESTRICTIONS PERMITTED BY MY
WORKMANS COMP DR. HE ALSO CREATED A HOSTILE WORK
ENVIRONMENT AND CREATED UNSAFE CONDITIONS TO WORK IN.
BUCKY SLAGLE WAS THE DISTRICT MANAGER WHO WAS
MADE AWARE OF THE SITUATION. @


I ALSO HAD CONTACTED PEGGY IN THE FOOD CITY HOME
OFFICE AND MADE HER AWARE OF THE SITUATION ON
SEVERAL OCCASIONS.

5. A demand for judgment for the relief you seek (list what you want the Court to do):

- a. HAVE FOOD CITY CREATE A FORM WHERE
MGR'S ARE TRAINED TO FOLLOW ADA RULES.
- b. HAVE FOOD CITY CREATE A MIN. EMPLOYEE
STANDARDS, TO OPERATE DEPARTMENTS SAFELY
WITH THE PROPER NUMBER OF STAFF.
- c. _____
- d. PAY DAMAGES TO ROBERT GLEASON FOR ALL MEDICAL
COSTS, INCLUDING ANY FURTHER TREATMENT, FOR LOSS
OF INCOME AND PAIN/SUFFERING
PAY ALL COURT & ATTORNEY FEES INCURRED BY ME.

I (We) hereby certify under penalty of perjury that the above complaint is true to the best of my (our) information, knowledge and belief.

Signed this 9TH day of DECEMBER, 2013.



Signature of plaintiff (s)